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RUSSIAN VAPOR BATH.

In some very general remarks we took the liberty to offer last week, on the subject of warm bathing, the *vapor bath* was occasionally alluded to. In order to connect with the expression a more definite idea, we have transferred to our pages the following very graphic account of the Russian vapor baths, drawn by one who resorted to them for purposes of experiment.

Account of the Russian Vapor Bath. By T. S. Traill, M.D. Communicated to the Edinburgh Philosophical Journal by the Author.

The existence in Hamburgh of two establishments where the Russian Vapor Bath is used, brought to my recollection the descriptions given by Acerbi, and other travelers, of the intense heat and sudden transition to cold, so much relished by the nations of Northern Europe, and raised my curiosity to experience in my own person the effects of this singular species of bathing. I was further induced to take this step from finding myself suddenly oppressed with a violent feverish cold, which raised my pulse considerably above 100°, and rendered me little able to join the public dinner table in the Apollo Saal.

Accompanied by two friends who wished to make the same experiment, I repaired to the Alexanderbad, which is under the direction of its proprietor, a Jewish physician, who had liberally opened it gratuitously to the members of the Society of *Naturforscher*, then assembled at Hamburgh. We were ushered into a very neat saloon, provided with six couches, beside each of which stood a dressing table, and a convenient apparatus for suspending the clothes of the bather. Here we undressed, and were furnished with long flannel dressing-gowns and warm slippers, after which we were all conducted into a small hot apartment, where we were desired to lay aside our gowns and slippers, and were immediately introduced into the room called the bath, in which the dim light admitted through a single window of three panes, just sufficed to show us that there were in it two persons, like ourselves *in puris naturalibus*; one of whom was an essential personage, the *operator*, the other a gentleman just finishing the process by a copious affusion of cold water over his body. This sudden introduction into an atmosphere of

hot steam was so oppressive, that I was forced to cover my face with my hands, to moderate the painful impression on the lips and nostrils, and was compelled to withdraw my head, as much as possible, from the most heated part of the atmosphere, by sitting down on a low bench which ran along two sides of the bath.

At first our modesty felt some alarm at our perfect nudity, and that of those around us; but I soon *felt* that it would be absolutely impossible to endure the contact of any sort of covering of our nakedness in a temperature so high, and consoled myself with the reflection that it was no worse than the promiscuous bathing I had so often practised at the sea-baths of Liverpool; an exposure which, notwithstanding my passion for bathing, was always disagreeable at the commencement of each season, but to which custom had soon rendered me indifferent.

The bath room is about fifteen feet long by about as much in breadth. It is lined with wood, rendered quite black by constant immersion in hot steam. On two sides it has three tiers of benches, or rude couches, each of which is calculated to hold two persons, with their feet toward each other; so that twelve persons might bathe at the same time. The lowest bench projects farthest into the room; they rise two feet above each other; and each has a wooden pillow at the ends.

In one corner of the farther end of the apartment stands the furnace, which is supplied with fuel from without, and has a thin arch of fire-brick turned over the fire, against which the flame reverberates until the arch is red hot. Over this arch is built a small brick chamber, the only aperture to which is by a small door about two feet long, and fifteen inches wide, opening nearly to the level of the arch. To increase the heated surface, numerous small earthen jars, or broken pottery, are piled on the arch, and all are kept up to a low red heat. On these, a basin of water is occasionally dashed; and the clouds of steam which instantly issue from the door of the heated chamber, form the source of heat employed to maintain the temperature of the bath.

In the corner opposite to the furnace is a reservoir of cold water, into which, during our stay in the bath, the person who manages it frequently plunged to cool his surface; a precaution not unnecessary for an individual who is exposed daily eight hours, stark naked, to a temperature quite oppressive to the uninitiated. Yet this exposure and this alternation cannot be unhealthy; for I never saw a more athletic man than this person, who informed me that he had been constantly engaged in this occupation for sixteen or eighteen months.

The centre of the ceiling of the bath room is perforated by numerous holes which allow a copious shower bath of cold water to descend on the head of the bather, when a valve managed by a cord is opened.

Such is the apparatus necessary for a Russian vapor bath.

After remaining some time in the bath, the first sensations of oppressive heat subsided, and I ascended to the second tier of benches, the wood of which, however, was somewhat cooled by the plentiful affusion of cold water. At each remove this operation is repeated; otherwise the contact of the wood would be insupportable to the skin. It is needless to say, that the perspiration very soon began to run from every pore,

not merely as a moist exhalation, but ran off in copious streams. This greatly moderated the sensation of heat.

After lying extended for some time on the second tier of benches, a bucket of cold water was dashed on the upper one, and we removed there ; but the heat, so near the ceiling, was fully as oppressive as on first entering ; and I found it necessary to allow the air to enter my nose through my fingers. If I inhaled it with the mouth wide open, I felt an oppressive heat in my chest ; but by degrees even this degree of heat became supportable ; though I never was able to sit upright on the upper bench ; so strong was the temperature of the humid atmosphere close to the ceiling.

While we were groping our way from bench to bench, the assistant more than once plunged headlong into his cold bath, to refresh himself ere he commenced on us the next part of his professional occupation.

We were one by one requested to descend to the second tier ; and the assistant, grasping in his hand a bundle of birch rods, began assiduously to whip his patients who lay extended on the bench at full length, from head to heel. This application differs essentially from the well-remembered scholastic birch discipline ; for the leaves are left on the twigs, and the sensations produced in no way resemble the effect of the instrument employed in English schools to convey a knowledge of Greek and Latin into the heads of our youth. In fact, this species of whipping is performed very dexterously, with a sort of brushing motion, from the shoulders downwards ; and the application becomes general over the body and limbs, as the bather turns on his wooden couch. The sensations produced by this operation are agreeable, and are very far from producing that excessive redness of the surface described by Acerbi.

The operator now anoints the whole body with a liquid mild soap ; and, after again mounting to the upper tier for some time, we descend one by one to the middle of the floor, where a powerful affusion of cold water from the shower bath in the ceiling removes every vestige of soap. This sudden affusion of cold water is remarkably grateful : it is scarcely possible to describe the effect, which is highly exhilarating and refreshing.

It is usual again to undergo the steaming after the temperature of the bath is increased by the affusion of water on the glowing pottery in the furnace. For this purpose, the operator opens the door above described, and placing us out of the direction of the immediate efflux of the steam, he dashes, in successive jets, a small bucket of water into the furnace. The apartment is instantly filled with clouds of steam, at a high temperature ; and when the door of the aperture is closed, we resume our places on the benches, gradually proceeding to the highest, as we become inured to the temperature. From the upper tier we finally descend to have the cold shower bath repeated ; after which we leave the bathing-room, are rubbed dry by assistants in the small heated apartment, where we resume the flannel dressing-gown and slippers, and are reconducted to the saloon, where we find the couches spread with blankets ; and we recline for half an hour in a most profuse perspiration, and in a state of luxurious languor and mental tranquillity.

On a subsequent occasion, I provided myself with the means of ascertaining the temperature of the bathing-room, and noted its effect on the

pulse of myself and two other bathers. The heat is generally from 45° to 50° of Reaumur; that is, from 133°.25 to 144.5 of Fahrenheit. On the occasion referred to, it ranged in the bath, during my stay, from 32° to 46° R.,= 126°.5 and 135°.5 F. in the lower part of the bathing-room; but I was unable to examine the temperature near the ceiling, on account of the thick vapor, and the intensity of the temperature, which affected my eyes. This temperature, high as it is, is far short of what Acerbi asserts of the Finnish baths; he says that they reached from 70° to 75° of Celsius, = to 158° to 167° of our scale: but perhaps his thermometers were subject to the influence of the open fireplace in the rude baths of that people; for their furnace consisted of a few loose stones piled into a sort of rude arch, over a fire on the floor of the hut: or perhaps he did not accurately ascertain the temperature; as he never entered the bath but momentarily, for the purpose of placing his thermometer; and I am confirmed in this by observing that the Finnish operator, in his plate, appears dressed in her ordinary clothes, which I should think insupportable in so high a temperature as he assigns.

The effect of the Russian vapor bath is to accelerate the pulse, which soon regains its natural standard on leaving the bath; and, when I took it in a highly feverish state, I was within an hour after entirely free of fever, and able fully to enjoy the philosophic soirée that evening.

On bathing a second time, I was accompanied by the same two friends: our pulses were about seventy-four in a minute. On just coming out of the bath,

Dr. Traill's pulse, - - -	= 116
Mr. Johnston's do. - - -	= 88
Mr. Palk's do. - - - -	= 88

A quarter of an hour afterwards, while on the couch, they were as follows:

Dr. Traill's pulse, - - -	= 114
Mr. Johnston's do. - - -	= 88
Mr. Palk's do. - - - -	= 88

After being dressed, and sitting in an adjoining coffee room, perhaps one hour after the bath,

Dr. Traill's pulse beat, - - -	= 88
Mr. Johnston's do. - - -	= 88
Mr. Palk's do. - - - -	= 80

These experiments show the great difference in the excitability of the heart in different individuals, from exposure to the same heat. My pulse, in my best health, is about seventy; since I had the gout it ranges from seventy-four to eighty, but is very easily excited; and I have often found it raised to more than ninety by an interesting conversation, or even a cup of strong tea.

The process of the vapor bath is completed by a plentiful supply of towels, with which we gradually dry the surface, while we are well *rubbed down* by an assistant. We then resumed our dress, and retired to a coffee room, where there was a plentiful supply of newspapers, and had a cup of good coffee for twopence sterling. As I have already stated, the baths were free to the *naturforscher*; but I ascertained that the whole expense of the bath and its accompaniments is not more than one

marc, or sixteenpence English, and for twopence more the bather is entitled to a cup of coffee, and to read the newspapers in a handsome apartment.

I received from the liberal owner permission to examine his splendid establishment of vapor and shower baths devoted to females.

The vapor bath resembles that already described, but is much neater.

The variety of shower baths surprised me. They are of every conceivable form, from the powerful stream to the minute drizzling of water from orifices as fine as a needle, which jet tiny streams of warm or cold water, at the option of the bather, in every possible direction on her person. By means of polished brass arms, curved so as to enclose the body, moveable by universal joints, connected with a cistern, and perforated with innumerable minute holes, a *crossfire* of jets (if I may be allowed the expression) is kept up on any part of the body. If the bather inclines to sit, a perforated seat is placed on a large flat trough, which collects and carries off the water. Jets of water play from the various moveable arms from each side, from above, and from below, so that every part of the surface is bedewed. A general stop-cock commands the whole flow of water, while each brazen-reed is under the control of one appropriate to itself. These are at the disposal of the bather ; and each trough or bath is surrounded by curtains to skreen the person from the eyes of the assistant.

Similar shower baths are appropriated to gentlemen. The whole forms one of the most elegant and perfect establishments of the kind I have ever seen, and is a source of emolument to the spirited proprietor.

I inquired anxiously into the medical efficacy of the Russian vapor bath, and found that in chronic rheumatism, in the stiffness of limbs consequent on gout, and other long-continued inflammations, in some cases of palsy, in various cutaneous diseases, it is a most powerful and valuable remedy. While in the establishment I saw an invalid enter, who informed me, that, after severe acute rheumatism, of several months' duration, he was so lame that he had been carried by two persons into the bath ; but that, after five or six times undergoing the discipline I have described, he could walk alone as well as I saw him (he had walked, aided by a stick, from his house to the bath), and appeared confident that in a little time he should entirely recover the power and flexibility of his limbs.

From all that I could learn in Hamburgh, I am inclined to consider the Russian vapor bath as a most valuable remedy in some chronic diseases, and regret that we have not a similar establishment in any of our medical charitable institutions.

INTRODUCTION OF CHOLERA INTO EDINBURGH.

To the Editor of the Boston Medical and Surgical Journal.

Sir,—In the month of June last, on a visit from Hyde Park to this city, I met, on board the steamboat North America, Dr. John Moir, an intelligent physician of the city of Edinburgh, who had recently come to this country in the capacity of surgeon to a British ship, and was then

on his return from a visit to the Falls of Niagara. In the course of conversation, I found he had been familiarly acquainted with the Asiatic Cholera, and had personally attended the first cases that occurred during the last winter in the city of Edinburgh, which he stated to have been introduced from the neighboring town of *Musselburgh*, six miles distant, where it had previously prevailed.

This fact being calculatad to show the contagious character of the disease, and that it may be conveyed from individual to individual, and from town to town, I requested him to favor me with a written statement of the facts he had verbally related. I subjoin a copy of his letter, which you may perhaps consider to deserve a place in your Journal, among the numerous and valuable communications which it contains on the subject of cholera. I am, Sir, respectfully yours.

DAVID HOSACK.

New York, January 29th, 1833.

New York, June 18th, 1832.

DEAR SIR,—In compliance with your request, I send you, to the best of my recollection, an account of the circumstances attending the first introduction of cholera into Edinburgh. A young man left town in search of employment, and arrived at Musselburgh, a small town, distant about six miles from Edinburgh, where the cholera was then raging. He slept at a house, where some individuals died of cholera, and whom he saw in the course of the disease, and he himself had an attack of diarrhœa. He in a day or two so far recovered as to be able to return to Edinburgh. Here he was again seized with diarrhœa, which was checked by medical treatment. A very short time after, his mother, aged between 60 and 70, and, I believe, intemperate, was seized on the 27th of January, about 10 o'clock, P. M. with cramp in the legs, which was relieved by hot frictions and the pediluvium. Before midnight, however, she became much worse, and the cramp attacked her whole body. She had also diarrhœa and vomiting, of the appearance characteristic of the cholera. She gradually got worse. I saw her for the first time on the 28th inst., about 11, A. M., at which time she was extremely low. I thought I could feel a pulse at the wrist. The medical gentleman with me could not. Her countenance was cadaverous, shrunk, and collapsed. Her extremities were quite cold, and of a livid color; but still, she was quite sensible, and answered distinctly, but in a feeble whisper, any question I put to her. She at that time complained of no pain. I saw her in an hour and a half afterwards, with Dr. Graham. She then could not speak, but was still sensible, as she attempted to take her arm from below the clothes when I wished to feel her pulse. In about half an hour she died. I saw at the same time her son, who had been ill, and was then convalescent. The color of his skin was still, however, of a dark and dingy hue. The next two cases that occurred, were individuals who had been in the infected district about Musselburgh. One was an old man, whose occupation was that of collecting rags; the other, a woman who went about the country singing ballads; both, I believe, intemperate. Indeed, as far as my per-

sonal experience or knowledge went, none were attacked with the cholera except such as were intemperate, or debilitated by previous disease or poverty. From the hurry I am in, I hope you will excuse the desultory and confused manner in which I have written the above short statement. If there are any other points upon which you wish information, I will answer them as far as I can, if you will be so good as to send me a note of them. I remain, dear Sir, your obedient servant.

THOMAS MOIR, M. D.

To DAVID HOSACK, M.D. *Surgeon of the British Ship Science.*

N. B. The two cases alluded to immediately after the old woman, were both seen by me. These both lived about the head of High Street, near the Castle Hill. The case of the old woman occurred in a close, in High Street, half way down, between the Tron church and the Canongate.

USE OF THE TAMPON IN UTERINE HEMORRHAGE.

[Communicated for the Boston Medical and Surgical Journal.]

I WAS called to see Mrs. A., aged about twenty-one years, on the 7th of February, 1827, and arrived there at daylight in the morning. She had had three children, and was then in the seventh month of gestation. She informed me that, about two months previous to this, she received an injury, and had not perceived any motion of the fœtus since that time. About a week before my call on the seventh, there was a little discharge of blood from the vagina; and on the evening preceding my arrival, active pains commenced. Immediately after I came, I suggested the propriety of an examination, which was readily granted, and the ovum was found protruding at the external orifice, which was directly expelled by the uterus. She had had some hemorrhage before my arrival, but in a short time it increased, and afterwards became profuse. I directed her to keep quiet, and gently rubbed the abdomen, which caused some pain. Cloths wet in cold water were applied to the pubes; and others, wrung from hot water, were at the same time applied to the feet and legs. I gave a dose of catechu, soon followed by the second; but seeing no good effect, I gave a full dose of acetas plumbi. My patient had now lost so much blood, that she fainted nearly all the time, from which state she was relieved by the exhibition of light cordials, and sprinkling the face frequently with cold water. I then introduced the tampon into the vagina, after wetting it with cold water, which completely stopped the hemorrhage in a few minutes; for on removing it afterwards, only a small quantity of coagula was discharged. She had so much recovered by noon, I considered it safe to leave her, after giving positive orders that she remain perfectly quiet as she then was, lying in a horizontal position. At 4 o'clock, P. M., I called again, and found her a little recovered. On the next day she was much recruited, and in about a week was able to take the care of her domestic concerns.

I am sensible that one case does not prove much, neither do I wish it to have an undue weight on any man's mind, for I have no particular theory in view, which I wish to support. It is my opinion that the tam-

pon is a very valuable remedy, in many cases of uterine hemorrhage; and I think it was a powerful means in saving my patient from an untimely grave.

It will be noticed that I gave cordials, of which some may question the propriety. The fainting did not stop the hemorrhage, and the patient appeared to be almost in articulo mortis, which had an influence on the above prescription; and there was another circumstance that strongly called for the practice, viz. she fainted previous to almost every gush of blood. In proof of this practice, you may find a passage in Dewees' Midwifery, by referring to pages 417 and 418, which is as follows. 'Again,' says Dewees, 'I cannot agree with Dr. Denman, in his proscription of "cordials and stimulants," in the state of extreme exhaustion to which women are sometimes reduced by floodings. I think I am as certain of the propriety of this practice as any other practice whatever; and have employed it when the pulse was very much reduced, or extinct, the extremities cold, the breathing humid and short, vision imperfect, and voice almost inaudible, with the most decided advantage. It is true, I administer them with caution, but with steadiness, and in such quantities as shall neither offend the stomach nor invite too much reaction. In this I persist, until there is evidence that the system will react—so soon as this appears, I desist from all stimuli, until a fresh necessity is created.'

In making these remarks, I have the good of mankind in view; and if you think they are worthy a place in your valuable paper, you will please give them an insertion. Respectfully yours.

JOHN ROSE, M.D.

Rensselaerville, Albany Co. N. Y., Jan. 26, 1833.

POISONING FROM IVY.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—Recently looking over some of the late numbers of the Medical Magazine, which I had not read regularly as they came to hand, I met, in the number of that work for last November [No. V.], pages 282 and 283, some remarks on poisoning from Ivy, or the *Rhus radicans*; in one of which, the writer says, 'We do not find any account of its symptoms or mode of treatment in books.' The writer, I trust, will excuse me, if I state to him that he will find a most learned, ingenious, instructive and satisfactory Inaugural Dissertation 'on the Rhus Vernix, Rhus Radicans, and Rhus Glabrum,' by Dr. Thomas Horsfield, of Bethlehem, Pennsylvania, in a volume of 'Medical Theses,' for the year 1805, published by Dr. Caldwell, of Lexington, in Kentucky, then of Philadelphia. The work is now scarce, and I believe out of print. I have seen but few copies besides my own; but I am pretty certain I have seen a copy of it in the library of the Massachusetts Medical Society, to which the writer can probably have access, if he chooses, and make such use of it as he may think proper. I give this notice, Mr. Editor, if you please, in the Boston Medical and Surgical Journal, presuming it will have a more extensive circulation in that work than in the Medical Magazine.

Respectfully yours, &c. R. HAZELTINE.

Lynn, Feb. 2d, 1833.

MEDICAL INQUIRIES AND REMARKS.

[Communicated for the Boston Medical and Surgical Journal.]

It has begun to be observed by other professions, and by the public, that the medical profession are unfixed in their opinions; that they decide upon nothing positively, even as individuals; and that any two or more of them pretty uniformly disagree. In relation to this subject, a Judge of the Superior Court in one of our States, made lately the remark, that physicians were the worst witnesses that were called before a court, and the most apt to perplex and mislead a jury. Is it not time for some master mind, of our liberal art, to arouse and to teach us how to think, how to decide, and what to say, upon great leading and important points? To what paramount authority should we, the small fry of the medical corps, appeal, were we censured for mal practice, or were we called on before a court of justice for our opinions upon a case of poisoning, or strangling, or infanticide? or, in the common intercourse of life and society, by an inquiring public, whether the cholera was contagious or spontaneous; whether it was a febrile, spasmodic, cachectic, or a local disease; what was the best and most successful mode of treating it, and whether it is indigenous or imported?

The yellow fever employed many pens, until the typhous fever appeared as an epidemic, and then many of our bright geniuses took up the latter subject; but in the conclusion, nothing was concluded upon either.

Since the appearance of cholera, an immense quantity of paper has been blackened, which might as well have remained unstained, if we are to have no general points settled. It is not to be denied that,

'Questions may be asked by fools,
Wise men can't answer for their souls.'

Still, there is generally, upon every question which may be raised upon cases, common and uncommon, a weight of evidence which will not leave the scales equally poised and standing still, but which will incline the balance one way or the other. And when this is all that can be accomplished, it surely, and seriously, and speedily, ought to be done.

Can our numerous medical schools, with their abundant supply of professors, let loose their pupils on the public without instructing them how to meet such queries and questions as those to which we have adverted? But first let the instructers of others be united among themselves. Let a medical convention of the Professors, of all the Medical Schools in the Union, meet and settle the paramount authors and authorities of our profession. If books are not already in existence, which have decided upon these great questions in a satisfactory and scientific manner, let such convention determine yea or nay, and then appoint some of their number to supply the deficiency if it is lacking, or concentrate it if it exists already. There is surely no lack of talent to do this; and there is an immense number of facts floating in our periodicals, which demand culling, assorting, and condensing and converging to a point.

In relation to cholera, it is desirable that one point at least should be decided, because it is a feature which has a bearing upon philosophy, chemistry, physiology, and pathology. This is, whether the 'icy coldness' of the body and evacuations, of which we have so frequently

heard, actually, and by thermometrical experiment, exists. Upon this point I have not seen a single publication, either foreign or domestic. I however wrote to one medical gentleman in New York,* upon the subject, and from his letter I extract the following answer. He says, 'The temperature of the body in collapse reduces the thermometer from 76 to 52 degs. by actual experiment; i. e. when the thermometer stands at 76 degs. in the room of the patient, the application of it to the arm-pit will reduce it to 52.' This is sufficiently explicit, and we wish to see the remarks and results of others, if any, who have tested this very curious and important point in the same way.

If there be in cholera an actual secretion of cold, it would seem to do away the long established opinion of *cold* being a quality merely negative. We should, Mr. Editor, be pleased to see, through the medium of your Journal, the detail of experiments upon this interesting subject.

FOTHERGILL.

Lebanon, Ct. Jan. 26, 1833.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, FEBRUARY 6, 1833.

In the volume of this Journal which closes with the present number, will be found a fund of valuable information, which the reader cannot fail to appreciate. He will, doubtless, on a review of its pages, accord to us the credit of having fulfilled our promise of offering a faithful and early record of whatever valuable facts should be brought to light respecting the pestilence which has passed through the country. In the seventh volume of this Journal will be found concentrated most of what is interesting and instructive in the history of this disease; and our acknowledgments are due to those friends who have contributed so liberally to enhance the value of our periodical in this particular. An unusual measure of interest has certainly been displayed of late, in the improvement of medical science in all its branches. Communications have come to us from eminent men in various quarters of the country, unfolding the result of their investigations and experience; and we cannot but congratulate the reader on possessing, in so compact a form, such a fund of that kind of information which is most available at the bedside of the sick. Since the commencement of the Journal, no volume can compare with the last in the extent or value of its original department; and we have great satisfaction in adding, that we have every reason to believe that our forthcoming numbers will be no less replete with the records of the wisdom and experience of the American Faculty.

It becomes us also to acknowledge the promptness of our medical

* Dr. Lucius S. Comstock.

brethren in appreciating the usefulness of a work like this. Their calls for it have regularly increased, particularly so within the last six months; and its circulation is now so extensive among the most intelligent, and enterprising, and improving medical men in every State in the Union, that whatever is impressed on its pages is presented at once to the great body of the faculty for their benefit, and the advancement of the name and usefulness of whoever may select it as the medium of communicating with his brethren and the public.

No material alteration will be made in the plan of the work, and we trust that none will occur in the degree of favor with which it is received. Its pages are open to communications and discussions on every subject interesting to physicians; and these are respectfully solicited, not only from those who have already received our acknowledgments, but from all others who have not selected other channels for their favors of this description.

The plan adopted a short time since of giving, monthly, an account of such new medical publications as we have an opportunity of examining, has been very acceptable, and been of undoubted advantage in keeping our readers apprised of the medical literature of the country. It will be continued in the next volume; and in order that this department of the Journal may be the more complete, we invite the particular attention of the profession to the notice at the end of the present number.

TRUE METHOD OF MEDICAL IMPROVEMENT.

The first part of an enlightened practice consists in possessing one's self entirely of the case to be treated. It requires quite as much skill to ascertain the true seat and nature of a disease, as to select and arrange the proper mode of curing it; and in many cases it requires vastly more. This is a fact that should be present to the mind of the physician at the bedside of every patient. It should go with him to his study, and point him to the most certain method of improving himself in his profession. To acquire skill in practice, and its consequent reputation, by the mere study of *remedies*, were a vain expectation; and yet how many are there that labor for a new remedy, and treasure up, month after month, every new application they hear made of an old one, in the hope of one day finding it avail them in their practice, whilst they devote scarcely a thought to their own improvement in the art of discrimination or diagnosis.

We put the question home to every reader. Let him reflect on his own experience, and say, whether in the majority of cases he has not been more puzzled—whether he has not labored harder to find out the precise seat and nature of the disease, than to decide on the remedy, and been less satisfied also with the result of his investigation. After inquiring with great closeness into the condition of every part of the system,

and making up an opinion where the difficulty lies, how quickly and readily the course of treatment suggests itself! A well-educated physician, who has his principles of practice clearly established, may be said to have finished his labor when he has found out the disease; and although it becomes us all to multiply the instruments placed within our reach, for the ultimate accomplishment of the humane purposes of the profession, yet those instruments may be the means of more harm than good, unless we cultivate a corresponding degree of knowledge of the precise condition of the system to which each is most appropriate. It is here we should labor most zealously for our advancement in medical knowledge—and in order to ensure attention to this important object, every physician should resolve never to prescribe for a case until he has made himself thoroughly acquainted with its true character. If one visit is not sufficient for this end, let it be repeated, for the express purpose—not of prescribing—but of ascertaining as nearly as possible the precise nature of the complaint. Being thus constantly reminded of our own deficiency in this kind of knowledge, no opportunity will be allowed to pass that can add to its store.

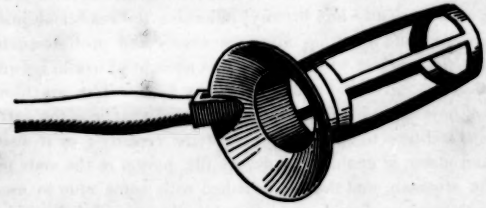
We venture to say that a majority of our readers will be conscious, after a little reflection, that they have erred in confining their researches too exclusively to the means of curing diseases, and neglecting the more important part of professional knowledge to which we have referred; and their own good sense will apprise them how much more rapid must be their advancement, and how much easier and more satisfactory their practice, if their efforts were directed more particularly to quicken their insight into the nature of disease—if they were to perfect themselves in the important art of diagnosis. So far as we stand to the profession in the relation of caterers for their practical improvement, we shall strive to present our readers every new light that can be thrown on this most important portion of medical science.

The few observations we have offered on this point are of general application. But of the many diseases in which physicians are content to prescribe without an adequate knowledge of the enemy they have to encounter, those of the rectum and the generative organs are perhaps the most numerous. A mistaken delicacy often forbids in these cases such an examination as is absolutely indispensable to a judicious practice. A case that illustrates this remark fell under our own care, a short time since, which had previously passed through other and able hands, but without material benefit. It was described to us, and had been treated, as *piles*. In pursuance of that rule of practice which we have recommended above, an examination was required as the sole condition on which any advice would be given. It was reluctantly allowed; and instead of piles, there existed a psoriaceous eruption about the sphincter, and nothing more. The consequence was that a few days' use of mild local applications produced entire relief; and yet this lady had for years been subject-

ed, and that without benefit, to all the changes of medical treatment that are usually rung over an inveterate case of hemorrhoids. Parallel instances are unquestionably without number.

NEW VAGINA SPECULUM.

We present below an instrument that has been recently invented in England, for the purpose of examining the os uteri, the vagina, and the rectum, and which possesses great advantages over the speculum in common use. Being open at the sides, it allows a view of the walls of the cavity under examination. It is made of pewter, is extremely simple in



its construction and use, and is so very cheap that every practitioner in town and country may possess one without the slightest inconvenience. We have requested Mr. Brewer, No. 90 Washington Street, to have some of them prepared, which he has promised to do ; and we trust it may be one means of rendering the common practice, in cases to which it is applicable, more scientific and successful than it has been hitherto.

A TREATISE ON MEDICAL JURISPRUDENCE.

Part I.—Comprising the Consideration of Poisons and Asphyxia. By Henry Coley, Member of the Royal College of Surgeons in London ; of the New York Medical Society, &c. New York. Published by W. Stodart. 1832. pp. 73.

The first part of Mr. Coley's Treatise on Medical Jurisprudence is devoted to a consideration of Poisons and Asphyxia. His division of poisons is as follows : 1. Metals. 2. Earths. 3 Mineral acids. 4. Vegetable poisons. 5. Poisonous fish. Each article as it occurs is considered, as far as its nature admits, successively under the following heads. 1. Its preparation, or the mode if any in which it may be artificially prepared. 2. Its chemical composition, character, &c. 3. Its medical use and dose. 4. The symptoms produced by it when taken in excess, both primary and secondary. 5. The cause of death when the substance in question proves fatal. 6. The morbid appearances after death. 7. Remedies to be employed when an over dose has been taken. 8. The rationale of these remedies, or the principle on which their good

effects are produced. 9. Tests by which the presence of the substance in the stomach is to be detected. Each substance, as it comes under consideration, is treated of exactly in the same order; a circumstance which renders the work more convenient for reference than any treatise on toxicology with which we are acquainted. It appears, indeed, from the preface, that this part of the work was intended to have been presented in a tabular form, and it is no doubt to this circumstance in a considerable degree that we owe the extreme neatness and accuracy of the arrangement. But it is not only in the form which Mr. C. has given to his treatise, that we recognize his good judgment, and his acquaintance with the wants of his medical readers. The notices under the several heads are drawn up with perspicuity and brevity, informing the reader of just what he needs to know, and omitting all unnecessary and prolix disquisition. We know not the work in which so large an amount of useful information is presented in so convenient and accessible a form. The practitioner is both directed how to infer from the symptoms what was the particular article taken, and how to apply the appropriate remedy; or if death has already taken place, is enabled to detect the poison in the state or contents of the stomach, and thus is furnished with some clue to ascertain whether death was accidental or produced by design. It is true, indeed, that these various investigations present very different degrees of difficulty, and that some require a considerable amount of chemical knowledge and the habit of analysis, in order to make them conduce to any useful purpose. Still, a description of the mode in which even a difficult process is to be conducted will often prove useful; for if the object to be attained is an important one, the practitioner, taking the book for his guide, may overcome the disadvantage arising from want of practice by increased care and attention, and at a second trial, if not a first, may bring his experiment to a satisfactory conclusion. As respects the detection of a poison from symptoms, this can only be expected where the phenomena produced by an article are unusually well marked, as in the case where opium has been taken. In other instances, the evidence to be derived from this source can be regarded only as subsidiary to that which is furnished from other considerations. In the great bulk of cases to which the general practitioner is called, and in which the resources furnished by toxicology are brought into use, the problem to be resolved is a very simple one. It is, having the poison given under the effect of which the patient is laboring, to suggest an appropriate plan of treatment. It is not often, indeed, that time is allowed him to consult any book on the subject in a particular case; but if he has sufficient opportunity for a hasty reference, it will prove all-important to him that the manual which he consults is so arranged as to enable him to get at once at the precise information which he requires, and that this information is given him in concise and simple language. On this point, however, every one ought to be prepared to

act in case of emergency, without any such reference; and in order that he may be so, the directions appropriate to each case must often be recalled to the memory. For this purpose a manual like the present is exceedingly useful, and even necessary, for it contains just what each one would wish to have gathered from larger and more elaborate treatises, and transferred to his own note book. In fine, we have met with few works which for practical utility so well deserved a place in the library of every practitioner as that now before us.

We have spoken of it, however, only with reference to that portion which relates to poisons. The considerations on asphyxia form the concluding part of the volume, and occupy about eight pages. Asphyxia is here viewed in succession with reference to the five following causes. 1. Submersion. Under this head the author introduces some valuable remarks on the proper means of restoration in cases of apparent death from drowning. 2. Suspension. 3. The irrespirable gases, viz. carbonic acid, sulphuretted hydrogen, and carburetted hydrogen. 4. Cold. 5. Electrical asphyxia, or that produced by lightning, with which the volume concludes.

NEW AND SUCCESSFUL TREATMENT OF CROUP.

We have had frequent applications of late for the number of this Journal, published about two years ago, which contains a detailed account of the new treatment of the croup. Having no copies left, and believing, from the very great success of this method, whenever it has been adopted, that it ought to be familiar to every practitioner, we shall, in a week or two, republish the whole article, so that all our present readers may have the benefit of it.

Artificial Human Ears.—Never say a word about Yankee Ingenuity after this. Wooden nutmegs, wooden pumpkin-seeds, wooden axes, wooden ham, avaunt. We have a little man in our city who has beat the whole of our eastern 'artists'—no one more nor less than Dr. Scudder, the Oculist, the same who is so celebrated in inserting artificial human eyes—and, by the bye, one whose inventive genius will, when put to the test, effect almost anything—but to the point. Dr. Scudder has recently succeeded in making an artificial Ear; and to give to our readers an idea of it, we subjoin the following description:—A mould of a real ear is made of Plaster of Paris, in which is cast an artificial one of fluid Gum Elastic or India Rubber, which by exposure to the air becomes of the proper consistency. The ear is fastened on by a spring passing over the head, under the hair, and the place of jointure is not easily seen, particularly if the wearer be blessed with a goodly pair of whiskers. The artificial ear is then colored to suit the complexion of the wearer, and is of the same elasticity as the real ear. On the whole it is very ingenious, and no one but Dr. Scudder would ever have thought of such a thing. Gentlemen who have been 'cropped or gouged' can now have both deficiencies remedied by applying to the Doctor, who we verily believe

will yet undertake to build an artificial man. The case we mention of the artificial ear is the third Dr. S. has fitted.—*N. Y. Advocate.*

The Cholera in India and in Russia.—In some old Nos. of the Medical Intelligencer, a work formerly published in this city, and of which this Journal is a continuation, we find the following notices.

1. M. Moreau de Jonnes states, that from the year 1817 to 1823, this disease has traveled from the Molucca Islands to the coast of Syria, and from the mouth of the Wolga to the Isle of France :—the extreme points of its ravages being 1340 leagues asunder north and south, and 1900 leagues from east to west. He considers it an entirely distinct disease from the cholera morbus of western countries ;—a pestilential malady, traveling from place to place, and propagated from person to person. It operates on all ages and conditions, in all seasons, in elevated as well as low situations, under the influence of different climates and different diets. Three hundred and fifty one natives of India died of the cholera morbus in Calcutta, in February.

2. A correspondent at St. Petersburgh informs us that the cholera morbus has made great ravages in Russia. It was brought to Astracan by the Persian caravans, traveled round the Caspian and the Euxine Seas, and carried off, during the last summer and autumn months, from 10 to 15,000 persons. The patients died with black vomit and in convulsions.—*Medical Recorder.*

The above items were published in the Intelligencer in the year 1824, and may be referred to in the second volume of that work.

Lozenges for Cold in the Head.—Spitta recommends the following preparation as beneficial in freeing the nasal fossæ from the feeling of obstruction in coryza.

R. Pulv. cubeb. ℥ij.
Bals. tolut. gr. vj.

Mix well, and then add

Ext. glycirrh. ℥j.
Syrup. bals. peru. ℥j.
Gum Arab. q. s.

Rub well together, and make lozenges of ten grains each. One of these, on being placed on the tongue, gradually melts, and imparts a pleasant aroma to the mouth, whilst at the same time the obstruction of the nose disappears.—*Journ. de Pharm.*

Notice.—Several valuable communications, among them a continuation of the interesting comments on the comparative healthiness of different occupations, will shortly appear. The Index for Volume VII. will be forwarded in an early number of the next volume.

Authors, publishers, booksellers, and others, who send copies of their works for review in our monthly notice of new publications, are requested to transmit such copies free of expense to the Editor, and as early as possible after their publication.

Whole number of deaths in Boston for the week ending Feb. 1, 19. Males, 10—Females, 9.
Of croup, 1—burn, 1—delirium tremens, 1—consumption, 4—scarlet fever, 2—paralysis, 1—inflammation of the bowels, 1—lung fever, 3—inflammation of the lungs, 1—dropsy on the brain, 1—asthma, 1—apoplexy, 1—liver complaint, 1.

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